

Case Number:	CM14-0130063		
Date Assigned:	08/20/2014	Date of Injury:	05/08/2007
Decision Date:	10/24/2014	UR Denial Date:	07/17/2014
Priority:	Standard	Application Received:	08/14/2014

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Physical Medicine & Rehabilitation, and is licensed to practice in California. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 67-year-old female with a reported date of injury on 05/08/2007. The mechanism of injury was not listed in the records. It should be noted that the clinical notes are hand written and very difficult to decipher. The diagnoses include right rotator cuff repair. The past treatments included pain medication, physical therapy, and surgical intervention. There was no diagnostic imaging submitted for review. The surgical history included right rotator cuff repair on 02/12/2014. The subjective complaints on 08/14/2014 were not legible. The physical examination was not legible. The medications included Prilosec 20 mg 1 daily. The treatment plan was to continue with home care assistance 4 hours a day 3 days a week for 6 weeks. A request was received for continued home exercise assistance 4 hours a day, 3 times a week for 6 days and updated right elbow DX ultrasound. The rationale for the request was not provided. The request for authorization form was not provided in the notes.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Continue home care assistance 4 hours a day x 3 days x 6 weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Home health services Page(s): 51.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Home health services, page(s) 51. Page(s): 51.

Decision rationale: The request for continued home care assistance 4 hours a day x 3 days for 6 weeks is not medically necessary. The California MTUS Guidelines state that home health services are recommended only for otherwise recommended medical treatment for patients who are homebound on a part time or intermittent basis and are generally up to no more than 35 hours per week. There is no evidence in the documentation submitted that the patient is homebound or homebound on a part time or intermittent basis. As the patient is not homebound, the request does not meet the evidence based guidelines. As such, the request is not medically necessary.

Updated right elbow DX ultrasound: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Elbow, Ultrasound, diagnostic

Decision rationale: The request for updated right elbow DX ultrasound is not medically necessary. The Official Disability Guidelines state ultrasounds are recommended and have been shown to be helpful for diagnosis of complete and partial tears of the distal biceps tendon providing an alternative to MRI. Guidelines also state that indication for imaging is chronic elbow pain. There was a lack of evidence in the documentation that the patient had chronic elbow pain. Additionally, no rationale was provided why updated ultrasound of the right elbow would be needed. In the absence of the above, the request is not supported by the evidence based guidelines. As such, the request is not medically necessary.